

Infectious Disease Laboratory Submission Form

* Required Fields

Submitter

*Submitting Facility: Allina Health Laboratory-Abbott Northweste

*Address: 2800 10th Ave S
Sute 2000

City: Minneapolis State: MN Zip: 55440

Name of Person Filling Out Form: _____

Phone: (612) 863-4356

Originating Facility: _____

Ordering Provider: Tim Sielaff MD

Project Number if Known: _____

Patient

*Last Name: _____

*First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient MRN #: _____ Sex: _____

*Date of Birth: (mm/dd/yyyy) _____ Ethnicity: _____

Race: _____

Specimen

*Submitter Sample ID: _____

*Date of Collection (mm/dd/yyyy): _____

Time of Collection (##:##): _____
 AM PM

Reportable Disease/Referral

Reportable Disease Specimen (Test assigned by MDH)

Source: _____ Site: _____

CIDT Platform: _____

Organism 1: _____

Organism 2: _____

Organism 3: _____

Organism 4 / Specify Other: _____

Reportable Disease Isolate (Test assigned by MDH)

Source: _____ Site: _____

Organism: _____

Referral Testing at CDC:

CDC Test: _____

Submitting Laboratory - Specify Any Other Organism/Test Info or Comments:

Virology

Source: _____ Site: _____

Test Requested: COVID-19/2019-nCoV2

Date of Symptom Onset: _____

Vaccination Date: _____

Serology

Source: _____ Site: _____

Test Requested: _____

Date of Symptom Onset: _____

Previous Result: _____

Influenza

Source: _____ Site: _____

Test Requested: _____

Date of Symptom Onset: _____ Date of Vaccination: _____

Result/Subtype: _____ Test by Submitter: _____

Microbiology

Source: _____ Site: _____

Test Requested: _____

*Prior MDH Notification #Prior MDH Authorization

Mycobacteria

Source: _____ Site: _____

Test Requested: _____

AFB Isolate Media Submitted: _____

M.TB Complex PCR only Smear Result: _____

M.TB Complex PCR only Specimen Condition: _____

Parasitology

Source: _____ Site: _____

Test Requested: _____

Mycology

Source: _____ Site: _____

Test Requested: _____

Probe: Blasto Histo Cocci

Other

Source: _____ Site: _____

Test Requested: _____

Test and Epidemiology Information